type. To check the spread of this disease among children and for effective treatment of the affected patients following steps have been taken;

(i) Adequate funds and MBT drugs have been provided to the district leprosy societies. Provision of single dose Multi Drug therapy has been introduced to treat early cases.

(ii) Public awareness activities have been undertaken to make people including children aware of the facts about Leprosy.

(iii) Hidden cases have been identified through a special search activity in general pupulation including children.

Linkages of D.C.G.I. with Test Laboratories

1924. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Drugs Controller General (India) has appointed private consultants;

(b) if so, the details thereof;

(c) whether it is also a fact that D.C.G.I. has personal linkages with various test laboratories for drug approvals; and

(d) if so, whether the matter has been investigated; if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) No such instance has come to the notice of Government.

(b) Docs not arise.

(c) No specific evidence relating to personal linkages of DCG(I) with various test laboratories for drug approvals is available with Government.

(d) Does not arise.

Laboratory Methods to Test the Quality of Drugs

1925. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are no laboratory methods to test the qualtiy of drugs, as given in the Pharmacoporia, available in the country;

(b) if so, what steps are being taken to provide such facilities in Government testing labs and the charges being collected for such tests;

(c) whether private laboratories are also approved by Government for doing such tests and what are their charges for such test; and

(d) whether Government monitor these laboratories to check reliability of data; if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Drug testing laboratories both in Government Sector as well as private sector undertake testing on the basis of methods prescribed in Indian Pharmacopoeia or in the pharmacopoeias in which the particular drug is listed.

(b) Pharmacopoeias may prescribe newer methods of testing, and facilities available with Government laboratories are augmented from time to time by way of additional, newer testing instruments, training to analysts, workshops etc. The fees for different tests and analyses are specrficd in Schedule B of Drugs & Cosmetics Rules, 1945.

(c) Under the Drugs & Cosmetics Rules, 1945, private laboratories are licensed by the State Licensing Authorities. Under the Act, there is no separate provision for fixing charges for tests in such laboratories.

(d) Under the Drugs & Cosmetics Rules, 1945, State Licensing Authorities are responsible for monitoring the functioning of private drug testing facilities through a method of inspection and renewal of licences for the laboratories.

Objectives of National AIDS Control Organisation (NACO)

1926. SHRI VED PRAKASH P. GOYAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased Co state:

(a) what are the main objectives of National AIDS Control Organisaiton (NACO) and how far it has achieved its objectives;

(b) what was the budget of NACO during the last five years and sources of its fundings;

(c) what are the programmes that NACO is executing presently and what are the plans for future;

(d) whether Government for formulating a national policy document for prevention and control of AIDS; and

(e) if so, the details theeof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALA1): (a) The main objectives of National AIDS Control Organisation arc (i) to prevent HIV transmission; (ii) to decrease the morbidity and mortality associated with HIV infection and (iii) to minimize the socio-economic impact resulting from HIV infection by:

(i) Strengthening Programme management at central and State level.
(ii) Creation of awareness amongst high rist groups and general population.
(iii) Blood safety and rational use of blood.
(iv) Control of sexually transmitted diseases and condom promotion.
(v) Strengthening survellancc and diagnoses of HIV/AIDS cases; and
(vi) Training of medical officers and paramedical workers in management of HIV/AIDS cases and sexually transmitted diseases.

Under the blood safety component 815 public and voluntary sector blood banks have been strengthened by providing equipment and cash assistance.

504 Sexually transmitted Diseases clinical at medical colleges, district/taluka hospitals have been strengthened for early detection and prompt treatment of Sexually Transmitted Diseases patients.

On Account of the efforts made under the programme, the levels of the awareness are of the order of 60-65 percent on an average in urban areas and 35-40 percent in rural areas. The highest awareness levels arc in Tamilnadu where it is 95% in urban areas and 75% in rural areas.

(b) The budget of NACO for the last 5 years is as under.

1992-93	1554.32 lakhs
1993-94	1173.94 "
1994-95	2872.40 "
1995-96	3552.46 "
1996-97	7752.55 "
1997-98	6239.73 "

State-wise break-up is enclosed "Statement" (See below) The programme has been supported by Govt. of India, World Health Organisation and World Bank.

(c) In order to prevent and control the spread of HIV/AIDS in India, a comprehensive programme is currently under implementation throughout the country as a centrally sponsored scheme. The objectives of the programme remain the same but there is a greater thrust on setting up mechanism to address high risk population groups and to decentralise the implementation of the programme to the 'state level through the establishment of societies.